

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/586908** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4		1					
5							
6							
7							
8							
9							
10							
11		1					
12		1					
13		1					
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20			1				
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49							
50							
TOTAL IND.	2	↓	3	↓		↓	
TOTAL DEP.	8	←	7	←		←	
TOTAL CLAIMS	10		10				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←	↓	←
TOTAL CLAIMS							